## APPLICATION DATA SHEET

Application	Information
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Application number::

Filing Date::

**Application Type:**:

Subject Matter::

Suggested Group Art Unit::

CD-ROM or CD-R?::

No of CD Lists::

No of Copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Title::

No

Diarylmethylidene Piperidine Derivatives,

Preparations Thereof and Uses Thereof

Attorney Docket Number::

No

No

100954-1P US

Regular

Utility

N/A None

None

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

**Total Drawing Sheets:** 

Small Entity?::

Petition type::

Secrecy Order in Parent Application?::

Petition included?::

**Applicant Information** 

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Family Name:: Name Suffix::

No

No

Inventor

Canada

**Full Capacity** 

William

Brown

Initial 07/07/2005

City of Residence:: Blainville

State or Province of Residence:: QC

Country of Residence:: Canada

Street of mailing Address::

City of mailing address:: Saint-Laurent

State or Province of mailing address:: QC

Country of mailing address:: Canada

Postal or Zip Code of mailing H4S 1Z9

Ostal of Zip Code of Mailing

address::

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Andrew

Family Name:: Griffin

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: QC

Country of Residence:: Canada

Street of mailing Address::

City of mailing address:: Saint-Laurent

State or Province of mailing address:: QC

Country of mailing address:: Canada

Postal or Zip Code of mailing H4S 1Z9

address::

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Christopher

Family Name:: Walpole

Name Suffix::

City of Residence:: Hudson

State or Province of Residence:: QC

Country of Residence:: Canada

Street of mailing Address::

City of mailing address:: Saint-Laurent

State or Province of mailing address:: QC

Country of mailing address:: Canada

Postal or Zip Code of mailing H4S 1Z9

address::

**Correspondence Information** 

Correspondence Customer Number 22466

**Representative Information** 

Representative Customer Number 22466

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/GB2004/000116	01/13/2004

## **Foreign Priority Information**

Country::	Application No.::	Filing Date::	Priority Claimed::
SE	0300103-9	01/16/2003	Yes

## **Assignee Information**

Assignee name::

AstraZeneca AB

Street of mailing address::

**R&D** Headquarters

**Global Intellectual Property Patents** 

City of mailing address::

Södertälje

Country of mailing Address::

Sweden

Postal or Zip Code of mailing

SE-151 85

address::